

***"YOU'RE AMAZING"***  
**BASELINE EVALUATION SUMMARY REPORT**



A Partnership for Healthier Living



**"You're Amazing"**  
**Baseline Evaluation Summary Report**

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## **"You're" Amazing Evaluation Baseline Summary Report**

This report reviews the results of the baseline surveys conducted for the evaluation of the "You're Amazing" program spearheaded by Alberta Health. The surveys were carried out in April and May, 1997, just prior to the program implementation in June, 1997. Three surveys were conducted:

1. Young parents [18-30 year old parents (n=651)];
2. Influencers [individuals who are involved with young parents, either through professional relationships or extended family relationships (n=527)];
3. In-depth interviews with selected young parents (n=50).

The purpose of these surveys is to establish a benchmark for comparison with future surveys that will be carried out to assess the effectiveness of the "You're Amazing" program in reaching its goals:

1. Increasing young parents' awareness of the broad determinants of well-being and health.
2. Increasing young parents' awareness of their role in promoting well-being and health in their families and their communities.
3. Increasing young parents' involvement in promoting well-being and health for themselves, their families and their communities.

For the purposes of this study, the determinants of well-being and health are those conceptualized by the Federal, Provincial and Territorial Advisory Committee on Population Health (1994): Income and Social Status, Personal Health Practices, Coping Skills, Social Support Networks, Child Development, Education, Employment and Working Conditions, Physical Environments, Health Services, and Biology and Genetic Endowment.

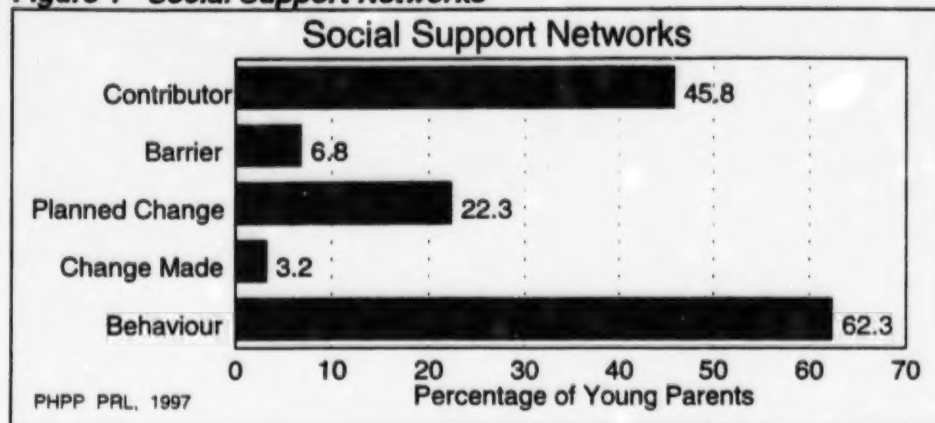
### **I. Summary of Young Parents' Responses by Health Determinant**

Young parents' responses to open-ended questions about awareness of determinants, awareness of role, and involvement in promoting well-being and health were collapsed into determinant categories to provide some perspective on their levels of awareness of the determinants of health. Young parents were able to provide up to four responses to each question. Thus, while the responses provide some indication of the individual's awareness of health determinants, they also reflect current concerns. In the summary below, health determinants are ordered according to the frequency with which young parents mentioned them as a contributor to their own and their family's well-being and health. Figures presented in this summary show the percentage of

responses that relate to each determinant for the following five open-ended questions: "What contributes to your family's well-being and health?" (Contributor); "What are barriers to your family's well-being and health?" (Barrier); "What do you plan to do to improve your and your family's well-being and health?" (Planned Change); "What changes have you made in the past 12 months to improve your well-being and health" (Change Made); and "What do you or your family do to promote well-being and health in your family?" (Behaviour). A summary table listing all of the health determinants is provided on the last page of this summary.

Sub-sample comparisons by age (18-25 years/26 years and older), gender (male/female), residence (urban/rural), income, and self-reported health practices of the young parents (more healthy/less healthy) were also carried out using these collapsed responses. Responses to questions about self-reported health practices were used as a proxy health measure for sub-group comparisons as they are correlated with self-reported physical health and mental health status.

**Figure 1 - Social Support Networks**



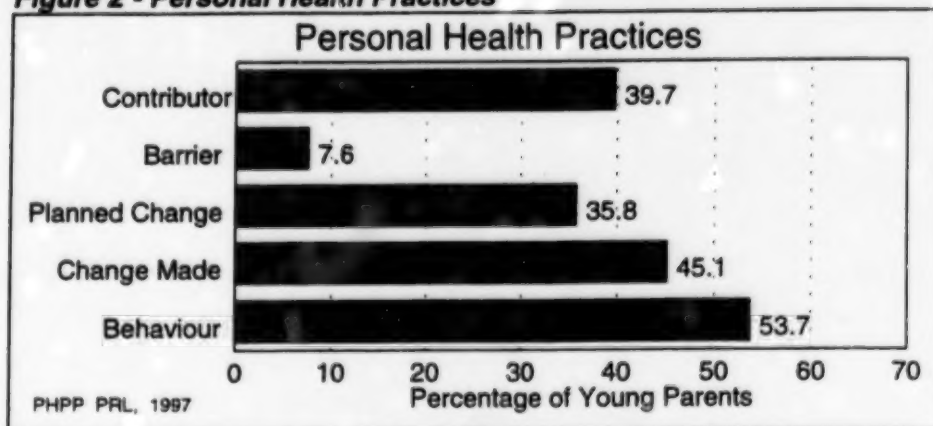
The most frequently mentioned factors that contribute to family well-being and health of the family are related to social support networks. Forty-six percent of young parents mentioned at least one contributor related to this determinant—usually “time with family.” It is also the most frequently mentioned determinant with respect to what young parents do to promote well-being and health in their families (62%) as well as the second most frequently mentioned area for planned changes (22%). For all of the open-ended questions, the majority of volunteered responses relating to social supports focus on spending time with the family. In the in-depth interviews many young parents point out that choices in employment, residence location, and recreation centre on ensuring time with the family or being near extended family. At the same time, lack of social support is not often mentioned as a barrier to well-being. Based on the frequency of responses, it is apparent that, in general, young parents are active in maintaining social supports and see it as an area where they can effect change.

***Sub-sample--Significant differences found:***

- Contributor:
  - Older (50%)                      Younger (37%)
  - Higher income (49%)          Lower income (43%)
  - More healthy (48%)            Less healthy (35%)
- Planned Change:
  - Male (24%)                      Female (18%)
  - Higher Income (27%)          Lower Income (19%)
  - More healthy (24%)            Less healthy (16%)
- Behaviour:
  - Female (64%)                    Male (57%)
  - Older (67%)                      Younger (52%)
  - Higher Income (67%)          Lower Income (58%)



**Figure 2 - Personal Health Practices**



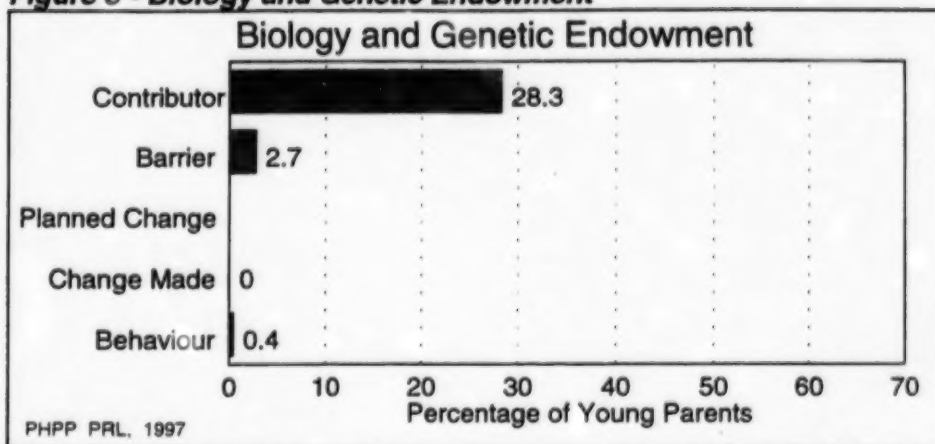
Open-ended responses categorized as personal health practices, the majority of which related to nutrition, make it the second most frequently mentioned determinant as a contributor to well-being and health (40%), and also the second most frequently mentioned area in terms of what young parents do to promote well-being and health in their families. Personal health practices are more frequently mentioned than any other determinant as areas of change made in the past 12 months (45%) and planned change (36%). The majority of volunteered responses relating to personal health practices have to do with physical activity and nutrition.

***Sub-sample--Significant differences found:***

- Contributor:
  - Female (43%)      Male (30%)
  - More healthy(41%)      Less healthy (32%)
- Planned Change:
  - Female (38%)      Male (30%)
  - Higher Income (41%)      Lower Income (32%)
- Changes Made:
  - Female (50%)      Male (31%)
- Behaviour:
  - Urban (57%)      Rural (47%)



**Figure 3 - Biology and Genetic Endowment**

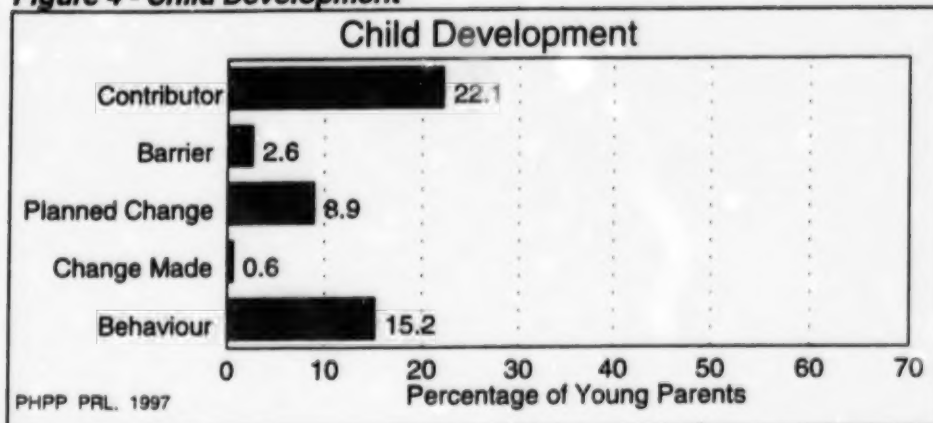


When young parents volunteered "being healthy," or "good physical health" as a response to the open-ended questions, it was coded as Biology and Genetic Endowment. It was included in this determinant because of its focus on the physical aspect of health and because its counterpart, poor physical health or illness, is often related to biology and genetic endowment. Ultimately, the majority of responses in this category reflect this assignment. Thus, with respect to factors that contribute to well-being and health, 28% of young parents mentioned good physical health. However, except for 3% who mention it as a barrier ("poor health" or "illness"), it is not volunteered as a response to other questions.

***Sub-sample--Significant differences found:***

- Contributor:
  - Female (31%)      Male (19%)
  - Higher Income (32%)      Lower Income (25%)
- Barrier:
  - Female (3%)      Male (1%)

**Figure 4 - Child Development**



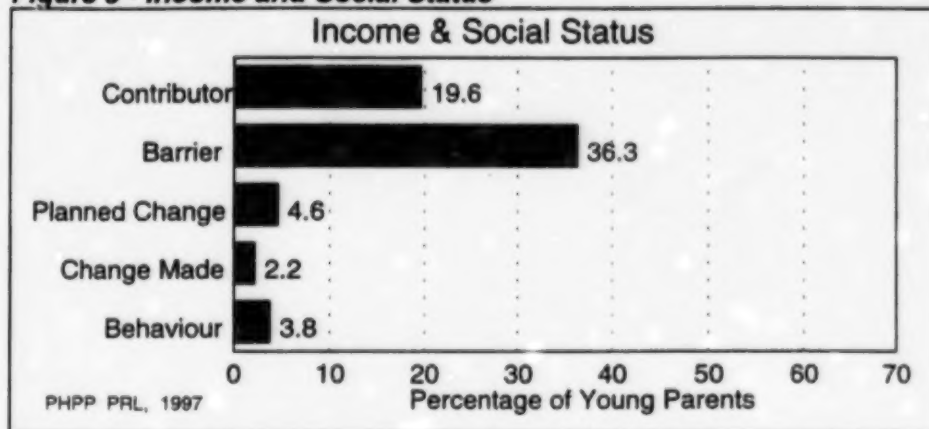
In the open-ended questions, responses relating to child development as a factor contributing to family well-being and health were mentioned by only 22 percent of young parents. Fifteen percent mentioned related activities as a contribution they make towards well-being and health for their families. The most frequent volunteered response related to child development was "stable, secure home life." It is not mentioned often as a barrier (3%), nor as an area of change, although more young parents said they plan to make changes (9%) with respect to child development than those who said they had made changes in this area (1%).

While the percentage of responses relating to child development is limited, this is not a clear indication that young parents are not aware of child development as a determinant of well-being and health. As noted in *Strategies for Population Health*, although it is presented as a separate determinant, "many of the factors affecting child development are aspects of other determinants of health" (p.23). One example of this is spending time with the family which is the focus of most of the volunteered responses relating to social support networks, but it is also very important for child development. Indeed, the responses to the in-depth interviews suggest that many of the activities engaged in by young parents are pursued to provide supportive environments for their children.

**Sub-sample--Significant differences found:**

- Contributor:
  - Older (25%)                      Younger (15%)
- Barrier:
  - Lower Income (4%)              Higher Income (2%)
- Planned Change:
  - Urban (11%)                      Rural (5%)
  - Older (11%)                      Younger (3%)
  - Higher Income (11%)              Lower Income (7%)
- Behaviour:
  - Older (18%)                      Younger (10%)
  - More healthy (17%)              Less healthy (9%)

**Figure 5 - Income and Social Status**

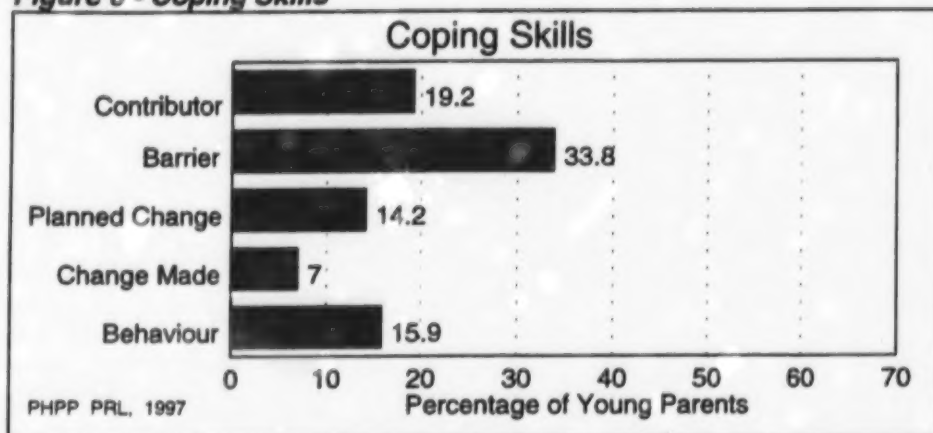


Income and social status is the most frequently mentioned barrier to well-being and health (36%), while 20% of young parents mention it as a factor that contributes to well-being and health. This suggests that issues related to budgetary constraints and financial problems affect many young families. Budgetary constraints were perceived to limit choices in providing basic needs as well as in recreational options. Other aspects of life are also affected by financial problems, including fewer choices regarding time with children and day care options, increased stress, and decreased options to take time off or to afford the things that other people take for granted.

***Sub-sample--Significant differences found:***

- Contributor:
  - Males (27%)      Females (17%)
  - Less healthy (26%)      More healthy 18%)
- Barrier:
  - Younger (42%)      Older (34%)
  - Lower income (45%)      Higher income (26%)
- Change made:
  - Lower income (4%)      Higher Income (1%)
  - Female (3%)      Male (0%)
- Behaviour:
  - Lower Income (5%)      Higher Income (2%)
  - Male (6%)      Female (3%)

**Figure 6 - Coping Skills**

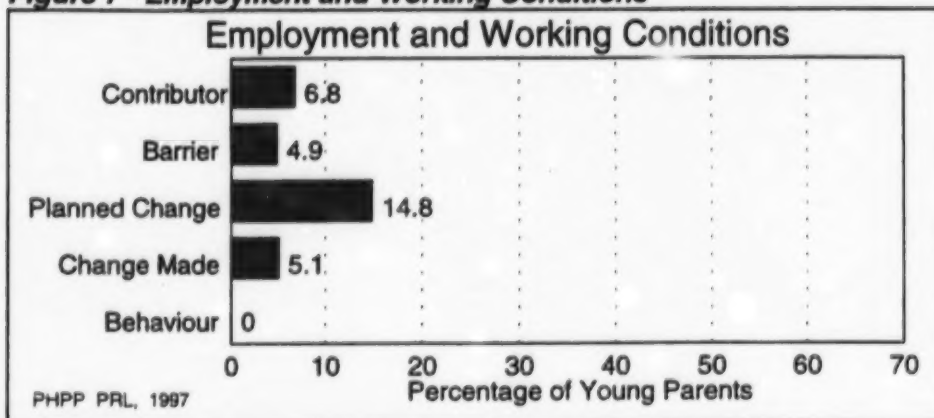


Nineteen percent of young parents mention coping skills, particularly open communication and maintaining a positive attitude, as a contributor to family well-being and health. Issues relating to coping skills (most frequently "lack of time") as a barrier are mentioned more frequently by young parents (34%). Sixteen percent of young parents mention coping skills as a way in which they contribute to the well-being and health of their families (16%). Coping skills are more frequently cited as an area for future change (14%), usually improving relationships, than as a change made in the past 12 months, such as managing stress.

***Sub-sample--Significant differences found:***

- Barrier:
  - Urban (37%)                      Rural (26%)
  - Older (36%)                      Younger (29%)
  - Higher Income (40%)      Lower Income (29%)
- Change made:
  - Lower Income (11%)      Higher Income (2%)

**Figure 7 - Employment and Working Conditions**

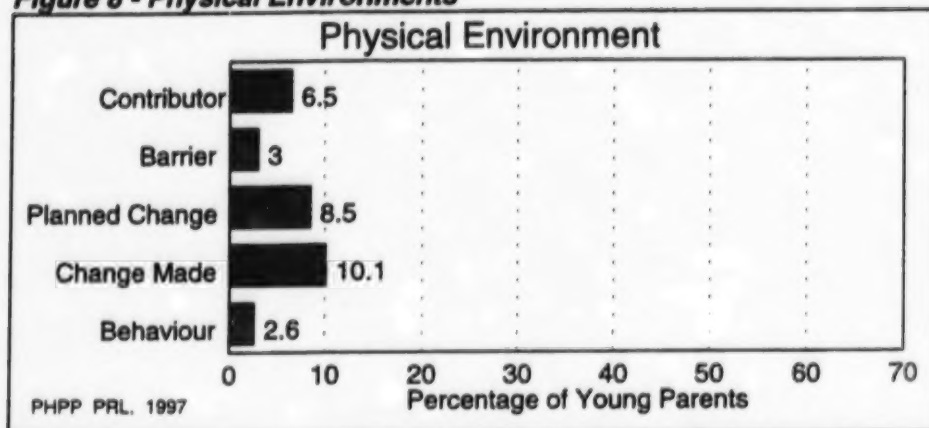


Only 7 percent of young parents mention employment and working conditions ("having a good job") as a factor contributing to well-being and health. It is most frequently mentioned as an area for future change (15%). Five percent or fewer volunteered responses relating to this determinant in response to the other open-ended questions. While not frequently mentioned, the responses that relate to changes made and planned changes in the area of employment and working conditions may also be related to income and social status. Young parents may see changes in employment as a way to improve their financial security.

***Sub-sample--Significant differences found:***

- Contributor:
  - Male (13%)      Female (5%)
- Barrier:
  - Female (6%)      Male (3%)
  - Urban (9%)      Rural (3%)
- Change Planned:
  - Male (19%)      Female (14%)
  - Younger (23%)      Older (11%)
  - Lower Income (20%)      Higher Income (9%)
- Change made:
  - Male (9%)      Female (4%)
  - Lower Income (7%)      Higher Income (3%)

**Figure 8 - Physical Environments**

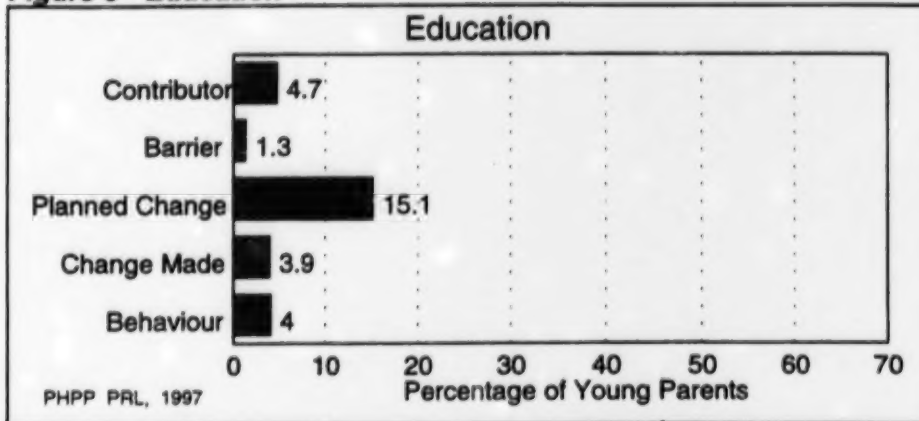


Responses to the open-ended questions reveal a limited focus on the effect of physical environments on personal and family well-being and health. Only 7 percent of young parents mention factors related to physical environments as contributors to well-being and health. This is usually mentioned as "country living." Ten percent of young parents mention it as an area of past change, and 9 percent mention it as an area for future change. These changes usually involve a move to a new home. Only 3% of young parents mention it with respect to barriers or contributions made to well-being and health.

***Sub-sample--Significant differences found:***

- Contributor:
  - Younger (9%)      Older (5%)
  - More healthy (7%)      Less healthy (3%)
- Barrier:
  - Rural (5%)      Urban (2%)
- Change Planned:
  - Less healthy (15%)      More healthy (7%)

**Figure 9 - Education**



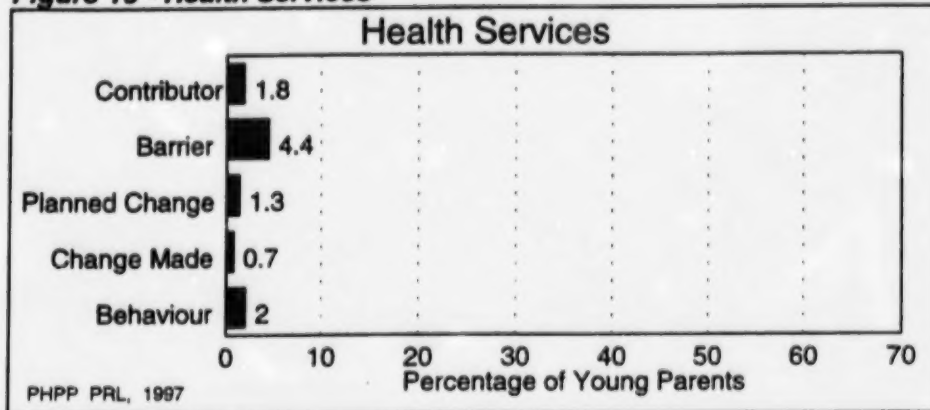
Factors related to education were rarely mentioned by young parents as a contributor to well-being and health (5%). This limited response was also evident for questions that asked about barriers and behaviours that affect well-being and health--lack of education is mentioned by fewer than 5% of young parents. However, 15 percent mentioned it as an area of planned changes. In their responses to the in-depth interviews, young parents saw further education as providing a role model for children, with the long term effect of job satisfaction, financial security, job flexibility and choice.

***Sub-sample--Significant differences found:***

- Contributor:
  - Urban (6%)                      Rural (2%)
- Barrier:
  - Female (6%)                      Male (3%)
  - Urban (9%)                      Rural (3%)
- Change Planned:
  - Female (17%)                      Male (8%)
  - Younger (24%)                      Older (11%)
  - Lower income (23%)                      Higher Income (7%)
  - Urban (17%)                      Rural (10%)
- Change made:
  - Female (5%)                      Male (2%)
  - Younger (6%)                      Older (3%)
  - Lower income (6%)                      Higher Income (1%)



**Figure 10 - Health Services**

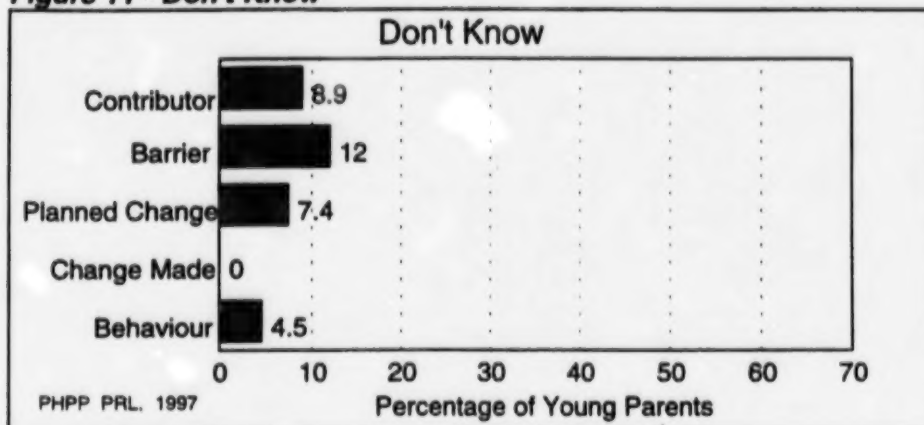


Overall, in the open ended questions, health services was rarely mentioned as a contributor to well-being and health (2%). Only 4% mentioned [lack of] health services as a barrier to well-being and health and 6% mentioned it as a factor contributing to a healthy community. In all other areas, it is mentioned by 2% or fewer young parents. However, in the in-depth interviews, some rural respondents expressed difficulty in accessing services that are not available in their own communities, especially if they are unable to drive to the larger centres and must access transportation from others. Interestingly, young parents who report unhealthy habits and lifestyle mention health services more frequently as a contributor to well-being and health.

***Sub-sample--Significant differences found:***

- Contributor:
  - Rural (3%)      Urban (1%)
  - Less healthy (5%)      More healthy (2%)
- Barrier:
  - Older (6%)      Younger (2%)
  - Higher Income (6%)      Lower Income (3%)

**Figure 11 - Don't Know**



Nine percent of young parents were not able to identify any contributors to the well-being and health of their families. Even more (12%) did not know or understand what might present a barrier to well-being and health. Fewer were unable to identify planned changes (7%) or things they do to promote well-being and health in their families (5%).

***Sub-sample--Significant differences found:***

- Contributor:
  - Urban (10%)      Rural (6%)
  - Younger (14%)      Older (7%)
  - Lower income (12%)      Higher Income (6%)
  - Less healthy (15%)      More healthy (8%)
- Barrier:
  - Younger (16%)      Older (10%)
  - Lower income (14%)      Higher Income (9%)
- Change Planned:
  - Rural (10%)      Urban (6%)
- Behaviour:
  - Younger (9%)      Older (3%)
  - Lower income (7%)      Higher Income (3%)
  - Less healthy (9%)      More healthy (4%)

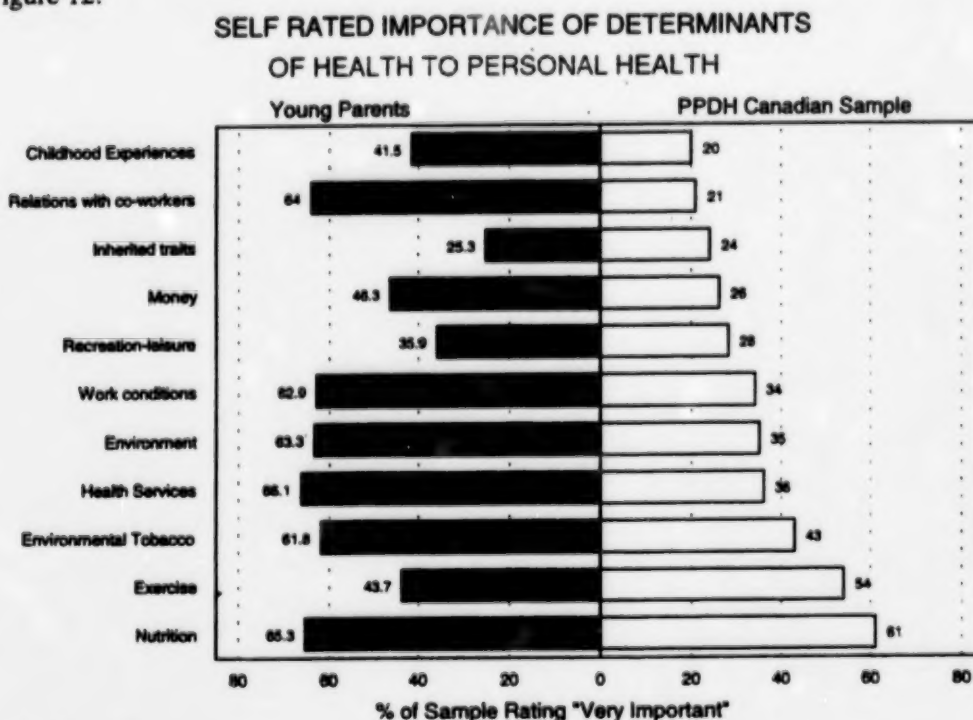
**II. Public Perceptions of the Determinants of Health**

Fixed response questions that rated the importance of specific health determinants were used for comparisons of the young parents with a Canada-wide sample (age 15 years and older) from the "Public Perceptions of the Determinants of Health Survey, 1996" (PPDH). Because young parents in the "You're Amazing" baseline survey were allowed to provide only four responses to the open-ended questions, these questions provide a measure of young parents' awareness of the

determinants that is not influenced by the individual's current situation.

Comparison of responses with the PPDH Canadian sample show that young parents display a broader awareness of the determinants of health than the comparison group. A consistently higher percentage of young parents, when compared with the PPDH sample, rated each of the determinants presented as "very important," except in the case of inherited traits (about 25%) and nutrition (more than 60%) where percentages were about equal, and in the case of exercise, where the Canadian sample percentages were higher (Canadian sample, 54%, Alberta young parents 44%).

Figure 12:



PRL 1997 PHPP

Further comparisons between the Alberta young parents in this survey and sub-samples of the Canadian survey respondents by age, province and parenting status show this relationship to be consistent. These responses suggest that, while each determinant was not mentioned with the same frequency in the open-ended questions, young parents do recognize the many factors that affect their well-being and health.

### **III. Awareness of Determinants**

#### ***Contributors to family well-being and health.***

The results show that *social support* is by far the most predominant determinant of health for young parents with respect to their views of what contributes to their personal and family well-being and health, and what they do to promote well being and health in their family. The majority of the responses in this category relate to fostering a supportive nuclear family environment rather than extended family and community networks. *Personal health practices* are also seen as important for well-being and health as exemplified in their responses about what they do to contribute to well-being and health, changes they have made and changes they plan to make.

#### ***Barriers to family well-being and health.***

The barriers to well-being and health most frequently mentioned by young parents were related to *income and social status* and *coping skills*. Financial need influenced well-being by limiting choices in providing basic needs, recreational and leisure time pursuits, and child care options, as well as placing time constraints on young families. All of these factors lead to increased stress. When citing *coping skills* as a barrier, young parents more often mentioned "lack of time," often related to having time for self and family. Fully 12 percent of young parents indicated that they never have time alone, and only 10 percent found time alone for themselves daily. This in spite of the fact that time away was seen as a major coping strategy to deal with the many challenges they face.

#### ***General awareness of health determinants.***

While young parents focus on *social support*, *personal health practices*, *income and social status* and *coping skills* when responding to open-ended questions about contributors and barriers to well-being and health, ratings of specific health determinants in fixed response questions from the "Public Perceptions of the Determinants of Health" show that young parents possess a general awareness of the effect of all the determinants of health. In these specific questions, over 75 percent of young parents rated most of the determinants as "important" or "very important" to their personal health. Those that were not rated as "important" or "very important" to personal health as frequently were life experiences as a child (72%) and inherited traits (56%).

### **IV. Awareness of Role in Promoting Well-being and Health**

Factors relating to *personal health practices*, predominantly exercise and diet, and *social support networks*, most often increasing time with family, are most frequently mentioned as areas of planned change for young parents. The focus on these areas, rather than on the areas that they cite as barriers, may be related to their sense that they can control these factors. However, other planned changes, while not mentioned as frequently, suggest that at least some young parents do feel they can effect change in other areas. Most notable is the 15 percent who mention furthering their education as a planned change. While this change is categorized under education, its purpose, according to young parents in the in-depth interviews, is to eventually reduce the barrier of financial constraints.

When asked about responsibility for their own health, almost 80 percent of young parents indicate that what happens to their health depends on them, and almost 70 percent feel that health education is primarily the responsibility of the family. But, similar numbers also agree that government has a responsibility to provide resources that will promote family well-being.

Young parents take responsibility for their own and their families' well-being and health, but they are also aware of their need for support. In the in-depth interviews, young parents also noted that support from family and friends in the form of emotional support, child care, and financial assistance were factors that help them to carry out health promoting behaviours.

#### **V. Involvement in Promoting Well-being and Health**

Young parents most frequently mention areas relating to *social support networks and personal health practices* as the way they contribute to the well-being and health of their families. Sixty-two percent of young parents have made changes in the past 12 months to promote well-being and health, the majority relating to *personal health practices*.

#### **VI. Community Awareness and Participation**

Young parents were also asked about their views on what contributes to community well-being and what they do to promote well-being in their community. *Social support networks* is the most frequently mentioned factor contributing to well-being and health of the community (78%), as well as the most frequently mentioned with respect to what young parents do to promote well-being and health in their communities (65%).

While rarely mentioned as a contributor to personal well-being and health, *physical environments* is the second most frequently mentioned determinant for healthy communities and for contributions made to promoting a healthy community. Factors relating to other determinants were rarely mentioned. In the in-depth interviews, numerous young parents cited working to keep their neighbourhoods clean and participation in Neighbourhood Watch and Block Parent programs to build a safer community.

Over three quarters of young parents agree that community (75%) and community supports (82%) are important for well-being. Just over half, however, view their participation in social/cultural activities (53%) or voluntary organizations (58%) as important. The importance of community is summed up well by one respondent's comment: "I think communities are important because sometimes when you just cannot confide in a family member, there's someone in the community that you can go to. Help lines, doctor confidentiality, counsellors, etc., that's really good. The community promotes health, healthy living, safety for families, and I really like our community for that."

While young parents appear to understand the value of community support, less than one-half (46%) of the young parents feel "connected" to their communities. Thirty-eight percent say they



do not participate at all in community activities and 41% say they have no involvement in religious activities. While they acknowledge the role that communities play in family well-being, just under half (49%) feel they can influence decisions in their community.

## **VII. Status of Well-being and Health**

Young parents were also asked questions about their perceptions of their own health and factors that influence it. Just over half of the young parents (53%) rate their physical health as very good or excellent. This rating is rather low in comparison to self-reported health of other Albertans: the 1997 *Survey about Health and the Health System in Alberta*<sup>1</sup> found almost 68% of respondents aged 18 to 44 rated their health as very good or excellent. More young parents (62%), however, rate their mental health as very good or excellent. While young parents do not rate their health as highly as other Albertans, 83 percent reported their current habits and lifestyle as "healthy" (73%) or "very healthy" (10%) compared to 82 percent of Albertans. The major sources of stress relate to increased demands and inadequate financial resources. Just over half (56%) have difficulty balancing work and parenting, even though a large percentage (more than 7 out of 10) report sharing responsibilities, having established routines, and seeking help from others.

## **VIII. Summary of Influencers' Responses**

Influencers were asked questions about "contributors" and "barriers" as well as the Public Perceptions of the Determinants of Health questions so that comparisons could be made between their responses and the young parents' responses.

### ***Contributors to family well-being and health.***

Determinants that contribute to family well-being mentioned by influencers, in descending order of frequency are social support networks—as "love among family members"—(56%), income and social status—as "financial security"—(33%), coping skills—as "good communication"—(33%), and child development—as "secure stable home life"—(31%). Young parents, on the other hand, most frequently cite social support networks—as "time with family"—(46%), personal health practices—as "exercise and nutrition"—(40%), and biology & genetic endowment—as "good physical health"—(28%).

### ***Barriers to family well-being and health.***

For influencers, income and social status (53%), coping skills (48%), social support networks (21%), and personal health practices (15%) were mentioned more frequently as barriers to well-being and health than they were by young parents. Regarding coping skills, influencers most often cite "poor communication" as the main barrier, in contrast to young parents who most often cite "lack of time."

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<sup>1</sup> 1997 *Survey about Health and the Health System in Alberta*. Alberta Health. This survey was administered to a stratified sample of 4000 Albertans in each of the province's seventeen health regions between May 1 and May 26, 1997.

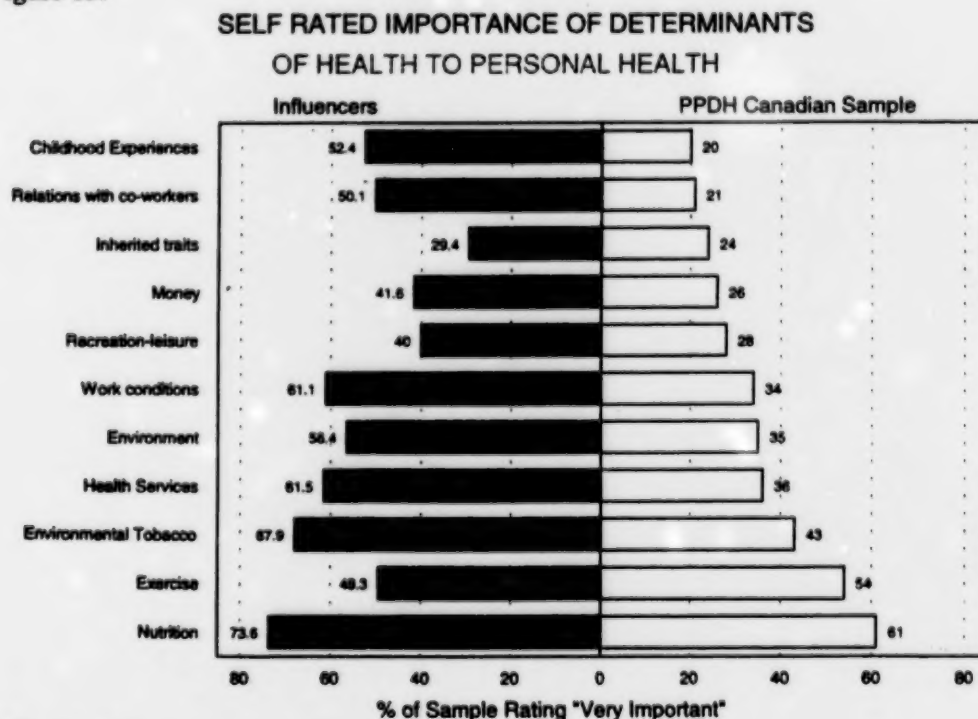
### ***Influencers contributions to young families.***

The majority of influencers' activities relating to what they do for young families fall into the determinant category of social supports (babysitting, emotional support, etc.). Another area of contributions to young families in the area of income--providing financial and material support. Most influencers (97%) report providing some type of support at least one to five times a year, with 40 percent providing help to young families at least once a month or more.

### ***Public Perceptions of the Determinants of Health (Influencers)***

Influencers' responses to questions from the Public Perceptions of the Determinants of Health (PPDH) indicate that both young parents and influencers assign similar importance to the determinants presented for rating. Comparison of responses with the Canadian sample that responded to these questions show that influencers, like young parents, display a broader awareness of the determinants of health than the comparison group. A consistently higher percentage of the "You're Amazing" sample, when compared with the Canadian sample, rated each of the determinants presented as "very important," except in the case of exercise, where the Canadian sample percentages were higher, and inherited traits and nutrition, where percentages were about equal.

Figure 13:





### ***Community Well-being***

With respect to what contributes to a healthy community and what they do to promote well-being in their communities, influencers, like young parents, most often mention factors that relate to social support networks. However, influencers display higher levels of involvement in community activities than do young parents. Only 18 percent of influencers, compared to 38 percent of young parents, say they do not participate at all in community activities. This difference in level of participation may be related to the lack of time that young parents mention as a barrier to well-being and health.

### **IX. Topics of Interest and Sources for Information**

Young parents were asked what topics on well-being and health were of most interest to them. *Child development* (care of children and parenting issues) and *personal health practices* (general physical health and fitness) are the topics of interest most frequently cited by young parents. Health services, including specific disease related topics, followed by coping skills, are the next most frequently cited topics.

Both young parents and influencers were asked where they get most of their general information on well-being and health. Young parents receive most of their information on well-being and health from health service providers--doctors (34%), public health centres (16%), medical clinics (10%), other health professionals (8%). Family (23%) and friends (17%) are also frequently mentioned sources of information. The most frequently cited media sources are books (28%) and television (26%), followed by magazines (19%) and newspapers (17%).

For influencers, print media and television are the most frequently cited source of information--newspapers (39%), television (37%), books (31%) and magazines (29%). They also frequently mention health service providers as sources of information--doctors (23%), other health professionals (12%) public health centres (9%), and medical clinics (8%). Friends (13%) and family (11%) are not mentioned as frequently by influencers.

### **X. Conclusion**

The results of this survey indicate that many of the young parents interviewed display a broad awareness of the determinants of health and take responsibility to promote well-being and health in their families. Although ratings to fixed response questions indicate these young parents view most of the determinants as important to their health, the focus of their involvement in *social support networks* and *personal health practices* suggests that these are areas of most concern to them as well as areas where they feel they are able to effect change. However, the major barriers identified--financial insecurity and lack of time--have implications for health promotion programming and policy.

### ***Considerations for Program Initiatives and Evaluation***

While many young parents demonstrate a general awareness of the determinants of health, program efforts should continue attempting to increase this awareness; however, the focus of the program initiatives should go beyond increasing young parents' awareness of the determinants of

health by supporting this awareness and affirming positive behaviours and encouraging involvement in practices to reduce the barriers to well-being and health that these young parents have identified. Policy implications related to decreasing financial barriers also need to be considered to enhance family well-being.

Evaluation efforts, likewise, while continuing to monitor awareness of the determinants of health, will concentrate on determining the effectiveness of program initiatives are in encouraging young parents to maintain the positive behaviours they already engage in and in providing young parents with alternatives for dealing with their identified barriers.

Finding measurable change that can be directly attributed to the "You're Amazing" program will be difficult. A large number of young parents in this sample already exhibit awareness of the determinants of health and their role in promoting well-being and health. This may be due, in part, to the considerable current focus on health promotion, not only on the part of health service providers, but in the broader social context. Even new car advertisements focus on time with family and reduced stress. Because of this social trend, observed changes in the target group may not be directly attributed to the "You're Amazing" program. Close monitoring of the program, and tracking the reach of the program in follow-up surveys, will be required for evaluation of the effectiveness of this program in reaching its objectives with respect to the target audience, young parents.

**Figure 14:**  
**Summary of Young Parents' Responses to Open-ended Questions by Health Determinant.**

